

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/763917

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19		1				
20		1				
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23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32		1				
33		1				
34		1				
35		2				
36		2				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46	1					
47	1					
48		1				
49		1				
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54						
55	1	1				
56	1					
57		1				
58	1					
59		1				
60		1				
61		1				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS	57					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831